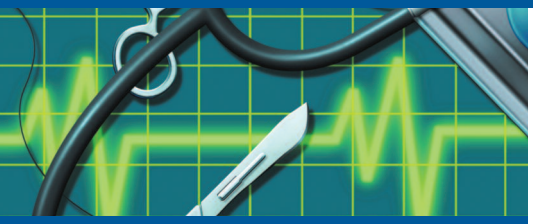
Summer 2013

Clinic Connection: Summer 2013

CentraCare Clinic



Summer 2013

Clinic connection

A publication from CentraCare Clinic
for health care providers in Central Minnesota

St. Cloud Hospital Patient Transfer Line (888) 387-2862

Acute Myocardial Infarction
(877) STEMI-SC or (877) 783-6472

Adult Critical Care Intensivists
(320) 309-8132

Behavioral Health Access Nurse
(320) 255-5774

Hospitalist Program (320) 290-8933

CentraCare Clinic Specialties

Allergy (320) 654-3650

Bariatric Medicine (320) 240-2828

Cardiology & Cardiac Surgery
(320) 656-7020

Dermatology (320) 229-4924

Endocrinology (320) 229-5000

Gastroenterology (320) 229-4916

Genetic Services (320) 654-3654

Infectious Disease (320) 240-2204

Internal Medicine (320) 240-2203
or (320) 229-4928

Neonatology (320) 255-5781

Nephrology (320) 240-2206

Neurology (320) 240-2829

Neurosurgery (320) 240-2836

Obstetrics & Gynecology
(320) 654-3630

Oncology/Hematology
(320) 229-4907

Pediatric Critical Care (320) 255-5781

Pediatrics (320) 654-3610

Pulmonology (320) 240-2207

Radiation Oncology (320) 229-4901

Rheumatology (320) 240-2208

Sleep Medicine (320) 251-0726

Sports Medicine (320) 229-4917

Surgery (320) 252-3342

Wound Care (320) 656-7100

Physician Referral Line

(320) 240-2201

(800) 458-7272

President's Message

The importance of team work in health care

By David Tilstra, MD
President, CentraCare Clinic

I had the opportunity to hear the dean of the University of South Florida speak about how they have changed the curriculum and entrance requirements for medical school. They pay attention to the usual requirements that all physicians must meet, but they also are interested in how prospective students work with others. Do they collaborate or compete against others? Will students be able to relate and empathize with patients, colleagues and other members of the medical team? And the scrutiny doesn't stop there — behavioral analysts continue to monitor students along these lines and specifically coach them to improve their ability to relate to others. It's a different way of approaching medicine than in the past where the emphasis was on individual performance in the hard sciences.

So why did this medical school shift their way of training? The answer is fairly simple — the complexity of patients is increasing. There is too much going on with any given patient for a single person to be able to monitor, ask questions, spot issues or catch other important details. Trusting and working with other team members is critical in order to deliver safe, reliable and empathic care to patients. It's very clear that sports teams that don't work well together don't win games. Likewise, medical teams that don't work well together are more likely to have mistakes, lawsuits and complications. Simply put, performing as a team is a requirement for providing the medical care.

> *continued on inside*

CentraCare Clinic

Collaborating to improve care locally and throughout Minnesota

By George Morris, MD,
Medical Director,
CentraCare Clinic

CentraCare continues to look for ways to help locally, regionally and statewide. We have been fortunate to partner with our patients, providers, external medical partners and community groups with a focus on improving the quality of care. Our Quality Improvement staff has been able to help clinics and other health systems (using our Epic Connect feature) to measure and meet their goals and reporting requirements.

Recently, staff from two of our clinic sites received training for a Minnesota Department of Health (MDH) program designed to identify and intervene with patients at risk for developing substance abuse-related health problems. MDH has received a federal grant to test the effectiveness of the SBIRT (Screening, Brief Intervention, and Referral to Treatment) program, with CentraCare receiving a portion of the grant to offset some of the program expenses. We hope to develop new ways to impact patients and motivate them to make changes before serious substance abuse-related problems arise.

CentraCare also is participating in a pilot program with Minnesota Community Measurement to measure adolescent depression screening in conjunction with well-visits for patients ages 12 to 17. Our Pediatric clinic and one of our Family Medicine clinics will be our first sites involved in this project. A team of primary care providers, behavioral health staff and clinic support staff are excited to identify new ways to identify at-risk adolescents. Unfortunately, adolescent depression is becoming a problem we see all too often and the tragic consequences can affect entire communities. Through our participation in these programs, we hope to provide meaningful care to our patients and meaningful information to the state.

Continuous Quality Improvement is always a challenge and we continue to work on improving the day-to-day care that impacts our patients. It also is exciting to be part of new projects and pilot projects that have the potential to provide new techniques and ways of providing care. We look forward to finding new ways to impact the lives of our patients, our communities, and our providers in positive ways.

Neoplasms: Documenting 'Current' versus 'Personal History'

By Carol Botz, CPC; Connie Goulet, CPC; Sue Stein, CPC; and Jessica Timmer, CPC, Compliance Specialists, CentraCare Clinic

Whether coding for ICD-9 or ICD-10, how providers document a patient's status of cancer — as current or historical — greatly affects the assignment of the diagnosis code. Documenting current or historical status clarifies the correct code for coding staff to assign and helps indicate to payers the status of the patient's cancer.

A cancer code is assigned as current if there is active treatment to destroy any remaining cancer cells that may be undetectable and/or adjuvant therapy to lower the risk of reoccurrence. If the cancer is still present and current, avoid documenting "history of"; only use this description if the status of the cancer is clearly historical.

- Historical "personal history of" code section:
  - V codes (ICD-9)
  - Z codes (ICD-10)
- "Current" status of cancer code section:
  - 100-200 code section (ICD-9)
  - C or D code section (ICD-10)

Additional documentation and coding tips for "current" neoplasm

Document the following information regarding the "current" neoplasm to accurately assign a code.

- Histological type
  - Adenocarcinoma, squamous cell, etc. **OR**
  - Behavior (benign, malignant, uncertain, unspecified)
- The exact body location, including the site within the body part
- Whether the neoplasm is primary, secondary or ca in situ or metastasis

Documentation example

- Breast cancer (RLQ) primary, patient on adjuvant therapy
  - Assign **"current"** cancer status ICD-9 or ICD-10
- History of breast cancer, patient that has completed all modalities of treatment
  - Assign **"personal history of"** ICD-9 or ICD-10

Heart failure — an epidemic in the U.S.

By Jamie Pelzel, MD, Medical Director, Heart Failure Clinic, CentraCare Heart & Vascular Center

Heart failure can lead to symptoms including fatigue, shortness of breath, cough and leg swelling. Heart failure usually is the result of some type of cardiac damage — typically a heart attack, years of high blood pressure or a heart valve problem. Occasionally, heart failure is caused by a weakened heart from a virus, arrhythmia, genetic abnormality or an uncorrected congenital defect. Those with weak hearts often are prescribed ace-inhibitors, beta-blockers and mineralocorticoid blockers. Diuretics can be used to control the fluid in the body, as many of the symptoms caused by heart failure are due to fluid overload. All heart failure patients need to be diligent about controlling their sodium intake and must weigh themselves daily to detect early fluid "build up." Failure to do so could end up in hospitalization.

Heart failure is the leading cause for U.S. hospital admissions for people 65 years of age and older. As a result, it is the most expensive medical condition in the Medicare budget. The prognosis also is strikingly poor. One in four hospital patients discharged after heart failure will be readmitted within 30 days, and more than one out of every three will not survive more than a year. With the aging population and more people surviving heart attacks because of emergent angioplasty, heart failure has become an epidemic.

The CentraCare Heart & Vascular Center's Heart Failure Clinic is combating the heart failure epidemic by providing sub-specialized care to more than 1,000 heart failure patients. Most patients are evaluated at least once a year by an advanced practice provider and a cardiologist. The Heart Failure Clinic is staffed by a board-certified heart failure cardiologist, two registered nurses and two advanced practice providers, all who have expertise in heart failure. Patients receive the education, tools and resources necessary to control their chronic disease.

Care for heart failure patients is individualized. The Heart Failure Clinic uses "On Track," an iPad-based application which assists patients in managing their heart failure. Our clinic is the first in the country to have this technology for patients. Patients receive an iPad which sounds an alarm when it is time for them to take their medications. It monitors their compliance, symptoms, weight and can give them daily tips on how to care for their condition. Patients also can send and receive messages to and from their providers without the hassle of a phone call. The Heart Failure Clinic also offers remote telemonitoring, a transitional care coach, outpatient ultrafiltration for those who do not respond to diuretics and advanced heart failure consultations for patients with end-stage heart failure who need to be considered for a transplant, left ventricular assist device or palliative care.

For a more information or a referral to CentraCare's Heart Failure Clinic, contact (320) 656-7020.

Medical weight management provides options for obesity

By George Morris, MD, Medical Director, CentraCare Clinic

The CentraCare Bariatric Center is expanding its services to include medical management of weight loss. Drs. Girish Luthra and Sayeed Ikramuddin have been evaluating patients and performing four different weight-loss surgical procedures. Now, a new group of physicians is adding their knowledge and skills to expand the options and care available.

This multi-disciplinary approach to medical management of weight loss can include low-calorie diets with meal replacements. These plans are supervised by a physician and promote ketosis, which aids in weight loss and appetite suppression. Patients are evaluated for medical co-morbidities and individualized motivation techniques are developed. Exercise is incorporated and prescription medications may be used.

Our experienced physicians have additional knowledge and interest in the treatment of the obese patient and recognize obesity as a disease that requires extra focus and resources. These physicians are available for consultations and assistance in managing patients who may not want to consider surgery or who may not be eligible for surgery. Perioperative management and long-term follow-up also can be addressed. The staff is committed to working with the patient's primary care team to provide comprehensive services and excellent communication.

Medical weight management is an important addition to the CentraCare Bariatric Center that will provide options and medical expertise in the treatment of obesity.

For more information about medical weight management or bariatric surgery, contact the CentraCare Bariatric Center at (320) 240-2828.

Wound Center offers array of services to patients

By Denise Larson, DO, Medical Director, CentraCare Wound Center

As referring providers, you are the most important member of your patient's wound management team. If you have a patient with a chronic, non-healing wound, the CentraCare Wound Center can help with the evaluation, management and healing process.

The typical types of wounds addressed at the CentraCare Wound Center are diabetic foot ulcers, arterial insufficiency ulcers, venous leg ulcers, vasculitic and inflammatory ulcers, pressure ulcers, surgical wounds, radiation injuries and partial thickness burns. The patient's treatment plan may include specialized wound dressings, debridement, compression therapy, living bioengineered skin substitutes, edema management, negative pressure wound therapy and hyperbaric oxygen therapy (HBOT). The treatment modalities used at the Wound Center are driven by evidence-based clinical practice guidelines. These guidelines provide an algorithm toward the ultimate goal of healing the patient's wound. All wounds are photographed and their progress is tracked weekly.

Upon referral to the CentraCare Wound Center, your patient will meet with a Wound Center physician for a comprehensive assessment, including a history and physical and the development of an individualized treatment plan. Patient outcomes are closely monitored. You will be kept informed on the progress of your patient's wound care status. In most cases, patient's wound care treatment is complete within 14 weeks and an appointment will be scheduled with the referring physician upon discharge to monitor and treat the patient's underlying etiology and co-morbidities.

The CentraCare Wound Center offers HBOT and has two single person chambers. HBOT is 100 percent oxygen delivered at greater than normal atmospheric pressure, which saturates the blood plasma allowing it to carry 15 to 20 times the normal amount of oxygen to the body's tissues. This leads to angiogenesis or the creation of new blood vessels which plays an important role in healing.

The approved indications for HBOT reimbursed by Medicare, HMOs and other insurance providers are: diabetic ulcers of the lower extremities (Wagner's grade 3 or higher), soft tissue radionecrosis and osteoradionecrosis, chronic refractory osteomyelitis and compromised skin grafts and flaps. Approximately 10 percent of wound care patients will meet the criteria for HBOT.

The CentraCare Wound Center uses a physician-directed model and consists of a team of physicians, nurses and technicians who have received specialized training in advanced wound management and healing. The physician team includes Denise Larson, DO, medical director of CentraCare Wound Center; Scott Houghton, MD, CentraCare Clinic general surgeon; Christopher Wenner, MD, family medicine physician; and Ted Ruzanic, MD, emergency physician.

If you would like to refer a patient to the CentraCare Wound Center or if you have questions, please call (320) 656-7100.

Doctors perform first Transcatheter Aortic Valve Replacement at St. Cloud Hospital

By Thom G. A. Dahle, MD, CentraCare Heart & Vascular Center

On June 20, our team of Interventional Cardiologists (Drs. Thom Dahle, Daniel Tiede, Jacob Dutcher and Wade Schmidt) and Cardiovascular Surgeons (Drs. John Castro and John Teskey) performed the first Transcatheter Aortic Valve Replacement (TAVR) at St. Cloud Hospital. With this, St. Cloud Hospital became the first hospital outside of Minneapolis/St. Paul and Rochester to perform this exciting new procedure.

TAVR involves implanting a bioprosthetic aortic valve through an artery in the groin (transfemoral) or through a small incision in the lateral chest wall (transapical) using a balloon expandable stent valve. While TAVR has been widely available in Europe, it only recently has become commercially available in the United States. St. Cloud Hospital now is one of only five centers in Minnesota performing the procedure.

Aortic stenosis affects 2-4 percent of adults age 65 or older. Approximately 30 percent of patients with severe aortic stenosis are not candidates for traditional open heart surgery because they are too frail or have multiple co-morbidities increasing their surgical risk. Fifty percent of patients who cannot have surgery to treat aortic stenosis will die within one year. In many of these cases, TAVR provides an excellent, less-invasive option when previously there may not have been one. In this very ill

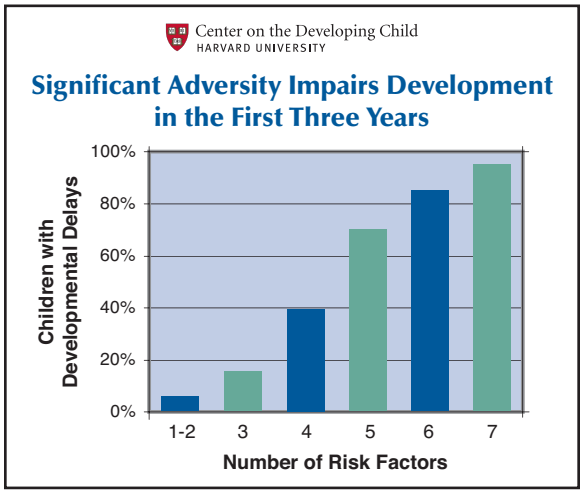
> *continued on next page*

Study links childhood trauma and adult behavior

By Amie Schumacher, MS, Chaplain, St. Cloud Hospital Spiritual Care department

The Adverse Childhood Experiences (ACE) Study is the largest study ever done (n = 17,000+) to examine relationships between childhood traumas and many adult medical and psychological conditions. In the late 1990s, Internist Vincent Felitti, MD, and Epidemiologist Robert Anda, MD, collaborated with the Centers for Disease Control and Kaiser Permanente's Department of Preventive Medicine in San Diego to design and carry out this elegant study.[1]

Ten categories of adverse childhood experiences were studied: sexual, physical and emotional abuse; emotional and physical neglect; witnessing domestic violence; alcohol/substance abuse in the home; mentally ill/suicidal household members; parental divorce/separation; and household members imprisoned. One or more experiences from one category equal one ACE. In brief:



(1) The ACE Score reflects a positive-graded relationship to health problems including: obesity, heart disease, chronic lung disease, liver disease, autoimmune diseases and early-onset drinking, smoking and sexual activity.

(2) The ACE Score may reflect cumulative exposure of the developing brain to a chronically activated stress response, which may be the primary pathway by which ACEs exert their broad and diverse public health impact.[2,3]

"Thus, toxic stress in early childhood not only is a risk factor for later risky behavior, but also can be a direct source of biological injury or disruption that may have lifelong consequences independent of whatever circumstances might follow later in life."[4]

Dr. David McCollum estimates the annual incremental cost to health care from adversity is between $333 and $750 billion.[5]

"In the brain, as in the economy, getting it right the first time is ultimately more effective and less costly than trying to fix it later."

- James Heckman, Nobel Laureate Economist

[1] Felitti VJ, Anda RF, Nordenberg D, et al. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine 1998;* 14(4): 245-258.
[2] David McCollum, M.D. "Brain Consequences of Early Trauma: What the science is telling us," The Academy on Violence and Abuse, www.avahealth.org.
[3] David McCollum, M.D. "Child Maltreatment and Brain Development," *Minnesota Medicine,* March, 2006; www.minnesotamedicine.com/PastIssues/March2006/ClinicalMcCollumMarch2006.
[4] Shonkoff JP, Garner AS, et al. "The Lifelong Effects of Early Childhood Adversity and Toxic Stress," American Academy of Pediatrics 2012: 129; e232; originally published online December 26, 2011; DOI: 10.1542/peds.2011-2663.
[5] Dolezal, T. McCollum D., Callahan, M., *Hidden Costs in Health Care: The Economic Impact of Violence and Abuse,* Eden Prairie, MN: Academy on Violence and Abuse; 2009.

> Doctors perform first Transcatheter Aortic Valve Replacement *continued*

population, TAVR has been shown to decrease mortality by approximately 50 percent and significantly improve quality of life and reduce hospitalizations and symptoms.

TAVR was approved by the U.S. Food and Drug Administration for patients who are either considered high-risk or non-operable for traditional open heart surgery, such as patients with prior coronary artery bypass grafting (CABG), or multiple co-morbidities such as kidney disease, congestive heart failure, chronic obstructive pulmonary disease (COPD), peripheral vascular disease/stroke and diabetes.

All patients with valvular heart disease can be referred to the Valvular Heart Disease Clinic at the CentraCare Heart & Vascular Center by calling our valve clinic coordinator, Anna Rengel, PA, at (320) 293-0750 or e-mail valveclinic@centracare.com.

> President's Message *continued from cover*

Those of us who weren't trained recently aren't without our teams. Teams range from the classic operating room to more recent developments such as health care homes in clinics. Each has its strengths and operates best when team members know their role and help the other team members. Few of us receive feedback on how our personal performance affects the functioning of the team, but that doesn't make our role any less important. Teamwork will be here to stay, especially as patient care becomes more complex. I would encourage us to learn from this medical school trend.

Clinic connection

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Clinic Connection is published quarterly by CentraCare Clinic, 1200 Sixth Ave. N., St. Cloud, MN 56303. CentraCare Clinic is part of CentraCare Health.

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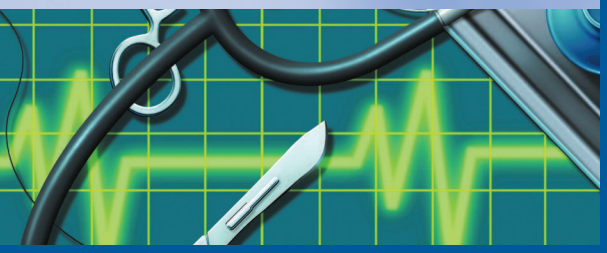

CENTRACARE Clinic

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Introducing our new CentraCare Clinic Specialists

Interventional Neurology

CentraCare Clinic – River Campus, (320) 240-2829

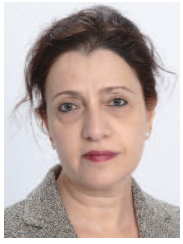
Adnan Qureshi, MBBS

Medical School: Quaid-e-Azam University, Islamabad, Pakistan
Residency: Neurology, Emory University School of Medicine, Atlanta, Ga.
Fellowship: Neurocritical Care, Johns Hopkins Hospital, Baltimore, Md.
Fellowship: Endovascular Neurosurgery, State University of New York, Buffalo
Diplomate: Neurology and Vascular Neurology, American Board of Psychiatry and Neurology
Clinical Interests: Cerebrovascular diseases, stroke, endovascular surgical neuroradiology and interventional radiology

Partner: Muhammad Fareed Suri, MD

Neurology

CentraCare Clinic – River Campus, (320) 240-2829



Leanore Simon, MBBS

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Board Certified: Neurology
Clinical Interests: Neuromuscular diseases, multiple sclerosis, EMG

Partners: Thang Dang, MD; Shelly Larson-Peters, MD; Anh Nguyen, MD; Kathleen Rieke, MD; James Romanowsky, MD; Lawrence Schut, MD; Kevin Xie, MD

Access all CentraCare Clinic physician bios online at www.centracare.com